	PATENT APP	LICATIO		ETERMINAT er 10, 1998		RD	^	polication	.,	ocket Num קיין גיינג איי ג'ינג'י	e E
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL!		OR	OTHER SMALL	
FC	OR	NUMBI	NUMBER FILED		NUMBER EXTRA		RATE	FEE	1	RATE	FEE
BASIC FEE								380.00	OR		<b>760.</b> C
TOTAL CLAIMS			minus 20=		•		X\$ 9=	•	OR	X\$18=	
INDEPENDENT CLAIMS		s	ininus 3 =		•		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						Ī	+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter *0* in column 2						Ł	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	A	CLAIMS EMAINING AFTER MENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION/ FEE
	Total •	6	Minus	<u>.</u> 27	-/>	•	X\$ 9=		OR	X\$18=	
	Independent .	<u>S</u>	Minus	444 6			X39=		OR	X78=/	
	PIPOT PRESENTA	I ION OF IM	ULTIPLE DE	ENDENT CLA	<u> </u>		+130=		OR	+260=	
,	24105		·			, <b>L</b>	TOTAL DOIT. FEE		OR	TOTAL ADDIT. FEE	
	La Constituent	Column 1)	HOLDER STATE	(Column 2) Highest	(Column 3)	-	-	4001		<del></del>	488
AMENDMENT B		EMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT - EXTRA		RATE	AD TONAL		RATE	ADD: TION
	Total	ABI O	Minus .	**	1.	t	X\$ 9=			X\$18=	-14-
	Independent •	XX.	Minus	444	-	╌┠	X39=		OR	276=	
٧	FIRST PRESENTA	TION OF M	ULTIPLE DEF	ENDENT CLA	М	ŀ	₩3 <u>=</u> .		OR	7.0-	<u> </u>
		1			•	٠ <u>[</u>	+130=		OR	+260=	·
	10-16-0	<b>つ</b>			<b></b>	A	TOTAL DOIT, FEE	_	OR	TOTAL ADDIT, FEE	<u> </u>
-	((	CLAWS	T070074	(Column 2) Highest	(Column 3)	_	·				1 3 5 5
AMENDMENT C		EMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE		RAȚE.	ADD TION- FEE
MON	Total .	Q	Minus	DG.	• ,		X\$ 9=	, t-1-	QR	X\$18=	
ME	Independent	5	Minus	(7)	-/-	ı	X39=	••	2	X78=	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

FORM PTO 475 (Flox. 11/90)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

+130=

OR

OR

+260=

TOTAL ADDIT. FEE